



EMERGENCY MEDICAL  
SERVICES AGENCY  
LOS ANGELES COUNTY

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Marianne Gausche-Hill, MD  
Medical Director

10100 Pioneer Blvd, Suite 200  
Santa Fe Springs, CA 90670

Tel: (562) 347-1500  
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To ensure timely,  
compassionate and quality  
emergency and disaster  
medical services.



Health Services  
<http://ems.dhs.lacounty.gov>

## COUNTY OF LOS ANGELES EMERGENCY MEDICAL SERVICES

### PROVIDER AGENCY ADVISORY COMMITTEE

10100 Pioneer Boulevard, Suite 200, Santa Fe Springs, CA 90670  
(562) 347-1500 FAX (562) 941-5835  
<http://dhs.lacounty.gov/wps/portal/dhs/ems/>

DATE: August 19, 2015  
TIME: 1:00 pm  
LOCATION: Los Angeles County EMS Agency  
10100 Pioneer Boulevard  
EMS Commission Hearing Room – 1<sup>st</sup> Floor  
Santa Fe Springs, California 90670

*The Provider Agency Advisory Committee meetings are open to the public. You may address the Committee on any agenda item before or during consideration of that item, and on other items of interest that are not on the agenda, but are within the subject matter jurisdiction of the Committee.*

### AGENDA

#### CALL TO ORDER

#### 1. APPROVAL OF MINUTES – June 17, 2015

#### 2. INTRODUCTIONS / ANNOUNCEMENT

- 2.1 New Medical Director, EMS Agency – Marianne Gausche-Hill, MD
- 2.2 Martin Luther King, Jr. Community Hospital 9-1-1 Receiving Designation

#### 3. REPORTS & UPDATES

#### 4. UNFINISHED BUSINESS

- 4.1 Reference No. 1244, Treatment Protocol: Chest Pain (Tabled)

#### 5. NEW BUSINESS

- 5.1 Reference No. 420, Private Ambulance Operator Medical Director
- 5.2 Reference No. 451.1a, Ambulance Vehicle Essential Medical and Personal Protective Equipment
- 5.3 Reference No. 453, Ambulance Licensing Investigations
- 5.4 Reference No. 453.1, Ambulance Licensing Enforcement Officers
- 5.5 Reference No. 454, Ambulance Vehicle Color Scheme and Insignia Guidelines
- 5.6 Reference No. 455, Ambulance Vehicle Age Limit Requirements and Exemptions
- 5.7 Reference No. 712, Nurse Staffed Critical Care Transport (CCT) Unit Inventory (Info Only)

#### 6. OPEN DISCUSSION

#### 7. NEXT MEETING: October 21, 2015

#### 8. ADJOURNMENT



County of Los Angeles  
Department of Health Services



EMERGENCY MEDICAL  
SERVICES AGENCY  
LOS ANGELES COUNTY

EMERGENCY MEDICAL SERVICES COMMISSION

PROVIDER AGENCY ADVISORY COMMITTEE

MINUTES

Wednesday, June 17, 2015

MEMBERSHIP / ATTENDANCE

**MEMBERS**

- ☐ David Austin, Chair
- ☐ Robert Barnes, Vice-Chair
- ☒ Jon Thompson, Commissioner
- ☐ Clayton Kazan, MD, Commissioner
- ☒ Jodi Nevandro
- ☒ Sean Stokes
- ☐ Jon O'Brien
- ☐ Kevin Klar
- ☐ Victoria Hernandez
- ☐ Ken Leasure
- ☐ Susan Hayward
- ☐ Bob Yellen
- ☒ Richard Roman
- ☒ Dwayne Preston
- ☐ Joanne Dolan
- ☒ Brian Hudson
- ☐ Michael Murrey
- ☒ Jeffrey Elder
- ☒ Douglas Zabalski
- ☒ Brandon Greene
- ☐ Matthew Chelette
- ☒ Ryan Burgess
- ☐ Alina Chandal
- ☒ Todd Tucker
- ☐ James Michael
- ☐ Maurice Guillen
- ☐ Ernie Foster
- ☐ Marc Eckstein, MD
- ☐ Stephen Shea, MD
- ☒ Diane Baker
- ☐ Vacant

**ORGANIZATION**

- EMSC, Commissioner
- EMSC, Commissioner
- EMSC, Commissioner
- Area A
- Area A Alt (Rep to Med Council, Alt)
- Area B
- Area B, Alt.
- Area B Alt. (Rep to Med Council)
- Area C
- Area C, Alt
- Area E
- Area E, Alt.
- Area F
- Area F, Alt.
- Area G (Rep to BHAC)
- Area G, Alt. (Rep to BHAC, Alt.)
- Area H (Rep to DAC)
- Area H, Alt.
- Employed EMT-P Coordinator (LACAA)
- Employed EMT-P Coordinator, Alt. (LACAA)
- Prehospital Care Coordinator (BHAC)
- Prehospital Care Coordinator, Alt. (BHAC)
- Public Sector Paramedic (LAAFCFA)
- Public Sector Paramedic, Alt. (LAAFCFA)
- Private Sector EMT-P (LACAA)
- Private Sector EMT-P, Alt. (LACAA)
- Provider Agency Medical Director (Med Council)
- Provider Agency Medical Director, Alt. (Med Council)
- Private Sector Nurse Staffed Ambulance Program (LACAA)
- Private Sector Nurse Staffed Ambulance Program, Alt (LACAA)

**EMS AGENCY STAFF PRESENT**

- |                 |                      |
|-----------------|----------------------|
| Richard Tadeo   | Michelle Williams    |
| Carolyn Naylor  | Jacqueline Rifenburg |
| Stephanie Raby  | Lucy Hickey          |
| Deidre Gorospe  | Cathlyn Jennings     |
| Christy Preston | Mark Ferguson        |
| David Wells     | Karen Rodgers        |
| Gary Watson     |                      |

**OTHER ATTENDEES**

- |                   |                     |
|-------------------|---------------------|
| Clayton Kazan, MD | LA Co FD            |
| Nicole Steeneken  | LA Co FD            |
| Michael Barilla   | Pasadena FD         |
| Phil Tibbs        | Sierra Madre FD     |
| Monica Bradley    | Culver City FD      |
| Alfred Flores     | LAFD                |
| Michael Beeghly   | Santa Fe Springs FD |
| Robert Grounds    | Downey FD           |
| Dan France        | Montebello FD       |
| Ian Wilson        | PRN Ambulance       |
| Gonzalo Casas     | Med Response Amb    |
| Chad Brewster     | Gentle Ride Amb     |
| Tisha Hamilton    | Bowers Amb          |
| Rocky Allen       | Mercy Air Amb       |
| Michael Neiberger | Impulse Amb         |
| Sean Grimes       | Royalty Amb         |
| Trevor Stonum     | Med Coast Amb       |
| Robert Ower       | RSI Ambulance       |

LACAA – Los Angeles County Ambulance Association \* LAAFCFA – Los Angeles Area Fire Chiefs Association \* BHAC – Base Hospital Advisory Committee \* DAC – Data Advisory Committee

**CALL TO ORDER:** Vice-Chair, Commissioner Jon Thompson called meeting to order at 1:05 p.m.

1. **APPROVAL OF MINUTES (Preston/Elder)** February 18, 2015 minutes were approved.  
(There was no meeting on April 15, 2015)

2. **INTRODUCTIONS / ANNOUNCEMENTS**

2.1 General Public Ambulance Rates (Gary Watson)

Annual adjustments to the General Public Ambulance Rates go into effect July 1, 2015.  
Announcement letter with the adjusted rates were available during this meeting and is posted on the EMS Agency webpage.

## **2.2 Committee Representatives (Jon Thompson)**

Former non-voting Committee member, Laurie Lee-Brown, has been hired by the EMS Agency and unable to represent this Committee at Medical Council and Data Advisory Committee.

Members were appointed to represent the following Committees:

- Medical Council – Victoria Hernandez, Primary representative  
Sean Stokes, Alternate representative
- Data Advisory – Jeffrey Elder, Primary representative

## **2.3 Disaster Training Day (Stephanie Raby)**

- The EMS Agency will be hosting a private ambulance provider, disaster training day on August 27, 2015.
- This workshop is open to LA County licensed ambulance companies only.
- There will be lectures in the morning and, hands-on training in the afternoon.
- Space is limited to 50 participants. Those interested in participating need to register through Event Brite, at: <https://emsadisastertrainingday.eventbrite.com>.
- For more information, contact Elaine Forsyth at (562) 347-1647 or [eforsyth@dhs.lacounty.gov](mailto:eforsyth@dhs.lacounty.gov).

## **2.4 EMS Update 2015 (Lucy Hickey)**

- Training has started for EMS Update 2015; deadline for completion is August 31, 2015.
- Rosters are to be submitted to the EMS Agency, either by FAX or email.
- Providers can e-mail their rosters to Nicholas Todd at [ntodd@dhs.lacounty.gov](mailto:ntodd@dhs.lacounty.gov).
- For those who complete the training through the UCLA Training Center (internet based), the EMS Agency receives monthly lists of those who have completed the training.
- July 6, 2015 - the EMS Agency will begin sending first notice letters to the providers, listing paramedic personnel who have not completed the required training.
- September 10, 2015 - Suspension notices will be sent out and suspensions will become effective on September 23, 2015.
- Further information may be obtained by contacting Nicholas Todd at (562) 347-1632.

# **3. REPORTS & UPDATES**

## **3.1 EMS Report Form Changes (Michelle Williams)**

The revised patient care record (PCR) began in circulation last month. A list of revisions were distributed to the Committee.

## **3.2 East San Gabriel Valley Trauma (Christy Preston)**

Pomona Valley Hospital Medical Center (PVC) has been selected to become the next Trauma Center in Los Angeles County. The completion process will take approximately 12-18 months before PVH begins its official designation as a Trauma Center.

## **3.3 9-1-1 Trauma Re-Triage (Christy Preston)**

- Concept: Non-trauma center hospitals utilizing 9-1-1 to transfer patients needing immediate transportation to a trauma center.
- LA County EMS Agency will be developing guidelines and most likely implement this concept as a pilot program with Martin Luther King Community Hospital (upon re-opening) and with St. Francis Medical Center.
- After the Trauma Hospital Advisory Committee reviews the draft policy, it will be circulated through the Committees for further recommendations.

#### 4. UNFINISHED BUSINESS

##### 4.1 Reference No. 1244, Treatment Protocol: Chest Pain

Policy remains tabled. There was no discussion.

**Tabled Reference No. 1244, Treatment Protocol: Chest Pain**

#### 5. NEW BUSINESS

##### 5.1 Reference No. 416, Assessment Unit (Richard Tadeo)

Policy reviewed and approved with the following recommendations:

- Policy III. A. add "for ALS patient responses"
- Policy III, C. to read: "An ALS Unit should never be canceled by an Assessment Unit if the patient meets Ref. No. 808, Base Hospital Contact and Transport Criteria, **Section I, or** appears to need ALS intervention, or if ALS intervention has been initiated."

**M/S/C (Preston/Hudson): Approve Reference No. 416, Assessment Unit, with the above recommendations**

##### 5.2 Reference No. 719, Fireline Emergency Medical Technician – Paramedic (FEMP) Inventory (Richard Tadeo)

Policy reviewed and approved with the following recommendations:

- Page 2 of 3, NOTE:
  - Add clarification that unit can only carry either Morphine Sulfate or Fentanyl (not both).
  - Remove "sufficient quantities" and replace with "maximum allowed quantities" of either Morphine Sulfate or Fentanyl.

**M/S/C (Elder/Preston): Approved Reference No. 719, Fireline Emergency Medical Technician – Paramedic (FEMP) Inventory, with the above recommendations**

##### 5.3 Reference No. 804, Fireline Emergency Medical Technician – Paramedic (FEMP) (Richard Tadeo)

Policy reviewed and approved as presented.

**M/S/C (Hudson/Nevandro): Approve Reference No. 804, Fireline Emergency Medical Technician – Paramedic (FEMP)**

##### 5.4 Reference No. 806.1, Procedures Prior to Base Contact (Jacqueline Rifenburg)

Policy reviewed and approved as presented. Policy will return to Committee after Medical Council reviews the administration of Amiodarone, listed under the treatment section of Cardiopulmonary Arrest.

**M/S/C (Preston/Elder): Approve Reference No. 806.1, Procedures Prior to Base Contact**

##### 5.5 Reference No. 808, Base Hospital Contact and Transport Criteria (Jacqueline Rifenburg)

Policy reviewed and approved as presented.

**M/S/C (Tucker/Elder): Approve Reference No. 808, Base Hospital Contact and Transport Criteria**

**5.6 Reference No. 808.1, Base Hospital Contact and Transport Criteria – Field Reference (Jacqueline Rifenburg)**

Policy reviewed and approved as presented.

**M/S/C (Nevandro/Greene): Approve Reference No. 808.1, Base Hospital Contact and Transport Criteria – Field Reference**

**5.7 Reference No. 1202, Treatment Protocol: General ALS (Jacqueline Rifenburg)**

Policy was reviewed and approved as presented.

**M/S/C (Elder/Tucker): Approve Reference No. 1202, Treatment Protocol: General ALS**

**5.8 Reference No. 1210, Treatment Protocol: Non-Traumatic Cardiac Arrest (Adult) (Jacqueline Rifenburg)**

Policy tabled until reviewed by Medical Council.

**Tabled Reference No. 1210, Treatment Protocol: Non-Traumatic Cardiac Arrest (Adult)**

**5.9 Reference No. 1275, Treatment Protocol: General Trauma (Jacqueline Rifenburg)**

Policy reviewed and approved as presented.

**M/S/C (Hudson/Preston): Approve Reference No. 1275, Treatment Protocol: General Trauma**

**6. OPEN DISCUSSION**

**6.1 EMS Agency Medical Director / Pediatric Protocols (Richard Tadeo)**

- Marianne Gausche Hill, M.D., has been selected as the new Los Angeles County EMS Agency Medical Director. Her duties will be July 1, 2015.
- Pediatric Advisory Committee has recommended the development of separate protocols that specifically addresses the treatment of pediatric patients. A work group will be formed.

**6.2 EMS Bureau – Los Angeles Fire Department (Jeffrey Elder, BC)**

The new Los Angeles Fire Chief is expanding the EMS Division into an EMS Bureau; which will incorporate all sections related to EMS, under one Bureau.

**6.3 Community Para-Medicine Program (Todd Tucker)**

Beginning July 2015, Glendale Fire Department will begin training for the following programs, with an expected implementation date of August 1, 2015:

- Alternate Transport Destinations for Communities in Los Angeles County (ALTrans)
- Community Paramedic Effectiveness Strategies for Congestive Heart Failure (COMPARE)

Santa Monica Fire Department is also participating in the ALTrans program.

**7. NEXT MEETING: August 19, 2015**

**8. ADJOURNMENT: Meeting adjourned at 2:28 p.m.**



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*To ensure timely,  
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August 6, 2015

TO: Distribution

VIA EMAIL/FAX

FROM: Cathy Chidester   
Director

SUBJECT: **MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL  
9-1-1 RECEIVING DESIGNATION**

This is to inform you that Martin Luther King, Jr. Community Hospital (MLK) located at 1680 East 120th Street, Los Angeles, CA, 90059, has been licensed by the State to operate as an acute care facility with basic emergency department services, and approved by the Emergency Medical Services (EMS) Agency as a 9-1-1 Receiving Hospital.

**Effective, Tuesday, August 11, 2015, at 8:00 A.M.,** MLK may begin receiving adult 9-1-1 patients. At this time, MLK is not approved for pediatrics or any other specialty center designation. Please review the attached Ref. No. 505, MLK Community Hospital Transitional Transport Guidelines. This policy is being put into place to allow the hospital to provide optimum care in a timely manner during this transitional phase.

The dedicated telephone number to be used by base hospitals and/or provider agencies is:

**(424) 338-8181**

Please ensure that all hospital and prehospital personnel are informed of this new 9-1-1 Receiving Hospital. If you have further questions, or need additional information, please contact Deidre Gorospe, Chief, Hospital Programs at (562) 347-1661, or [dgorospe@dhs.lacounty.gov](mailto:dgorospe@dhs.lacounty.gov).

CC:DG:cn

#### Attachments

- c: Medical Director, EMS Agency
- Chief Executive Officer, MLK
- Emergency Services Medical Director, MLK
- Emergency Services Nursing Director, MLK
- Emergency Medical Services Commission
- Operations Manager, Medical Alert Center
- Hospital Association of Southern California
- Eric Stone, CA Department of Public Health
- Compton Fire Department
- Los Angeles Fire Department
- Los Angeles County Fire Department
- Prehospital Care Coordinators



**Health Services**  
<http://ems.dhs.lacounty.gov>

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: **MARTIN LUTHER KING JR. COMMUNITY HOSPITAL** (PARAMEDIC, MICN)  
**TRANSITIONAL TRANSPORT GUIDELINES** REFERENCE NO. 505

PURPOSE: To provide guidelines for determining the appropriate receiving facility for patients requiring 911 ambulance transport in areas immediately surrounding the newly opened Martin Luther King Jr. Community Hospital (MLK).

AUTHORITY: Health and Safety Code, Division 2.5, Section 1797.220

PRINCIPLES:

1. Optimal patient care is achieved when patients are transported to a facility equipped, staffed and prepared to administer emergency care in a timely manner.
2. MLK is approved as a 911 Receiving Hospital and a Perinatal Center only. Patients who meet criteria or guidelines for transport to the following specialty care centers: Emergency Department Approved for Pediatrics (EDAP); Pediatric Medical Center (PMC), Pediatric Trauma Center (PTC); Trauma Center; STEMI Receiving Center (SRC), Approved Stroke Center (ASC); or Sexual Assault Response Team (SART) Center, shall be transported to the most accessible and appropriate specialty care center.
3. 911 transports to MLK and system impact will be closely monitored by the EMS Agency to ensure efficient utilization and patient safety. Adjustments may be made as needed.

POLICY:

I. Emergency transport of patients to MLK

- A. MLK does not have a service area, but is adjacent to two existing service areas – that of Memorial Hospital of Gardena and Centinela Hospital Medical Center.

In order to allow the hospital to provide optimum care in a timely manner during this transitional phase, patients from incident locations within the defined MLK Transitional Transport Guideline boundaries may be transported to MLK. This will include incidents locations in the following areas:

1. South of Imperial Highway
2. North of Rosecrans Avenue
3. East of Avalon Boulevard
4. West of Alameda Street

EFFECTIVE: 08-11-15

REVISED:

SUPERSEDES:

APPROVED:

  
Director, EMS Agency

  
Medical Director, EMS Agency

PAGE 1 OF 2

- B. Destination policies regarding existing service area hospitals remain in effect. The only changes to the service area boundaries are:
    - 1. Memorial Hospital of Gardena
      - a. Northern boundary: El Segundo Boulevard (reduced from Alameda Street to Avalon Boulevard)
      - b. Eastern boundary: Avalon Boulevard (to Rosecrans Avenue); Alameda Street
  - C. Per Reference No. 502, Patient Destination, patient requests for transport to health plans, including requests for transport to MLK, should be evaluated as to whether the patient's condition is stable enough to tolerate a longer transport time and the request would not unreasonably remove the ALS unit from its primary area of response.
- II. ED Saturation
- A. Should ED resources become overwhelmed, MLK may request diversion of ALS transports due to ED saturation via the ReddiNet. EMS providers and surrounding base hospitals are encouraged to honor this request to the best of their ability.
  - B. If the surrounding receiving hospitals (St. Francis Medical Center, Long Beach Memorial, Kaiser-Downey, Lakewood Regional Medical Center, PIH Downey) have all requested diversion due to ED saturation, EMS providers and surrounding base hospitals may consider transport to Memorial Hospital of Gardena (provided it has not requested to "lift its service area boundaries/ED diversion").
- III. MLK Multi-Ambulatory Care Center (MACC)
- A. Ambulance transports from the MACC should be transported to MLK, or other facility as determined by the base hospital or arranged by the Medical Alert Center.

**CROSS REFERENCE:**

Prehospital Care Manual:

Reference No. 502, Patient Destination  
Reference No. 504, Trauma Patient Destination  
Reference No. 505.1, MLK Transitional Transport Guideline Map  
Reference No. 508, Sexual Assault Patient Destination  
Reference No. 509, Service Area Hospital  
Reference No. 509.1, Service Area for Centinela Hospital Medical Center  
Reference No. 509.2, Service Area for Memorial Hospital of Gardena  
Reference No. 510, Pediatric Patient Destination  
Reference No. 511, Perinatal Patient Destination  
Reference No. 513, STEMI Patient Destination  
Reference No. 521, Stroke Patient Destination

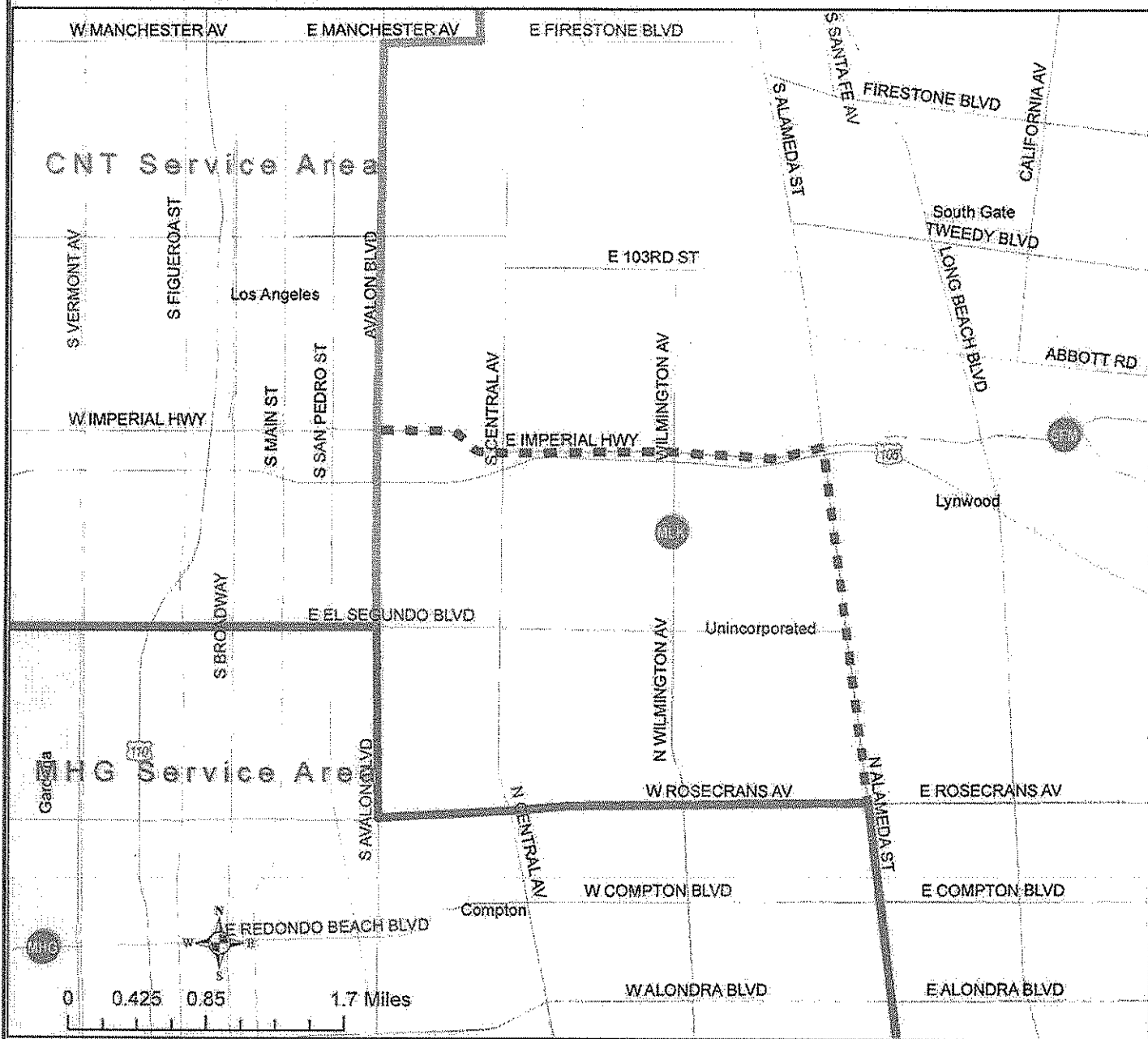


DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: **MLK TRANSITIONAL TRANSPORT GUIDELINES**

REFERENCE No. 505.1

Source: HospitalSrvc\_MLK072915



**9-1-1 Receiving Hospitals**

MHG: Memorial Hospital of Gardena

MLK: Martin Luther King Jr. Community Hospital

SFM: St. Francis Medical Center



CNT Service Area Boundary



MHG Service Area Boundary



MLK Transitional Transport Guidelines

NORTH: Imperial Hwy.

SOUTH: Rosecrans Ave.

WEST: Avalon Blvd.

EAST: Alameda St.

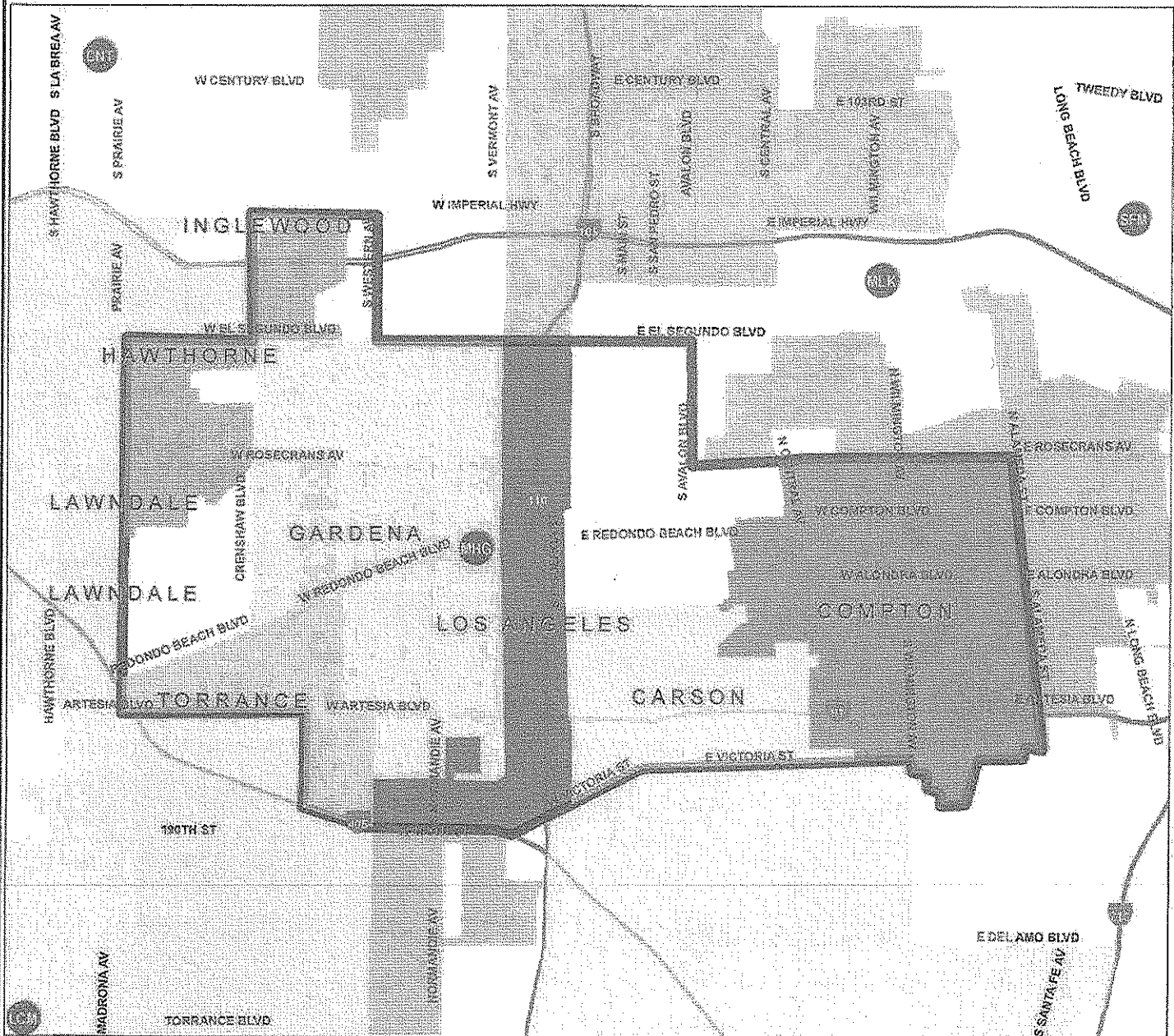
DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: **SERVICE AREA FOR  
MEMORIAL HOSPITAL OF GARDENA**

REFERENCE No. 509.3a

Source: Hosp\_SrvCB\_MHG\_052115

File: W\production\MHG\_srvcbdry\_052115



● 9-1-1 Receiving Hospitals

GNT: Centinela Hospital Med. Ctr.  
LCM: Providence Little Company of Mary Med. Ctr. Torrance  
MHG: Memorial Hospital of Gardena  
MLK: MLK-H MACC  
SFM: St. Francis Medical Center

— Service Area Boundary

NORTH: Imperial Hwy., El Segundo Blvd.  
Rosecrans Ave.  
SOUTH: Artesia Blvd., San Diego (405) Fwy.  
Victoria St., Compton's City Limits  
EAST: Alameda St.  
WEST: Prairie Ave.

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: **PRIVATE AMBULANCE OPERATOR  
MEDICAL DIRECTOR**

REFERENCE NO. 420

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PURPOSE: To describe the role and responsibilities of Medical Directors of licensed Los Angeles County Private Ambulance Operators.

DEFINITION:

**Private Ambulance Operator Medical Director:** A physician designated by an approved EMS Private Ambulance Operator and approved by the Los Angeles County EMS Agency Medical Director, to provide medical oversight and coordinate the medical aspects of field care as defined by the Los Angeles County EMS Agency. The Private Ambulance Operator Medical Director shall:

1. Be board certified by the American Board of Emergency Medicine.
2. Be engaged in the clinical practice of emergency medicine.
3. Be knowledgeable on the current policies, procedures, and protocols of the Los Angeles County EMS Agency.
4. Attend an EMS system orientation provided by the EMS Agency within six (6) months of hire.

PRINCIPLE: Medical Directors enhance the quality of prehospital care by providing medical expertise in EMS and serve as a liaison between the EMS Agency Medical Director, hospitals, and other Private and Public Ambulance Operator Medical Directors to ensure the delivery of safe and effective medical care.

I. ROLE AND RESPONSIBILITIES OF THE PRIVATE OPERATOR MEDICAL DIRECTOR

A. Medical Direction and Supervision of Patient Care

1. Advises the private ambulance operator in planning and evaluating the delivery of prehospital medical care by EMTs and, if applicable, paramedics, nurses, and respiratory therapists.
2. Reviews and approves the medical content of all EMS training performed by the private ambulance operator. If approved as a continuing education provider in Los Angeles County, ensures compliance with State and local EMS Agency continuing education requirements.
3. Reviews and approves the medical components of the private ambulance operator's dispatch policies and procedures as demonstrated by a dated signature or other mechanism in place for approval, such as electronic signature.

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EFFECTIVE: XX-XX-XXXX  
REVISED: XX-XX-XX  
SUPERSEDES: XX-XX-XX

PAGE 1 OF 3

APPROVED: \_\_\_\_\_  
Director, EMS Agency

\_\_\_\_\_  
Medical Director, EMS Agency

4. Assists in the development of procedures to optimize patient care.
5. Evaluates compliance with the legal documentation requirements of patient care.
6. Provides oversight and participates in the private ambulance operator's Quality Improvement program.
7. Ensures private ambulance operator compliance with Los Angeles County EMS Agency controlled substance policies and procedures, if applicable.

B. Audit and Evaluation of Patient Care

1. Assists the private ambulance operator in the development and implementation of a continuous quality improvement program to ensure the provision of quality medical care. Provides recommendations for training and operational changes based on quality improvement results.
2. Evaluates private ambulance operator medical personnel for adherence to medical policies, procedures and protocols of the Los Angeles County EMS Agency. Provides ongoing periodic review of dispatch and patient care records for identification of potential patient care issues.
3. Reviews the delivery and evaluation of patient care with base and receiving hospitals, as applicable.

C. Investigation of Medical Care Issues

1. Reviews incidents with unusual or adverse patient outcomes, inadequate performance of EMS personnel, and complaints related to the delivery of medical care.
2. Evaluates medical performance and appropriate facts and, as needed, forwards those facts in writing to the Los Angeles County EMS Agency Medical Director.
3. Ensures that appropriate actions (e.g., training, counseling, etc.) are taken related to patient care issues with adverse outcomes, near misses, etc.

II. ROLE AND RESPONSIBILITIES OF THE PRIVATE AMBULANCE OPERATOR

- A. Designates and maintains a Medical Director at all times.
- B. Ensures Medical Director involvement in all medically related policies, procedures, quality improvement and medical dispatch programs, as applicable.
- C. Provides the EMS Agency with notification of any changes in the designated Medical Director as specified in Reference No. 621, Notification of Personnel Change.

- D. Immediately notify the EMS Agency in the event the Medical Director abruptly resigns or is otherwise unable to fulfill his/her duties and no immediate replacement is available.

CROSS REFERENCE:

Prehospital Care Manual:

Reference No. 226, **Private Ambulance Provider Non 9-1-1 Medical Dispatch**  
Reference No. 414, **Registered Nurse/Respiratory Specialty Care Transport Provider**  
Reference No. 517, **Private Provider Agency Transport/Response Guidelines**  
Reference No. 620, **EMS Quality Improvement Program**  
Reference No. 621, **Notification of Personnel Change**  
Reference No. 621.1, **Notification of Personnel Change Form**  
Reference No. 816, **Physician at the Scene**  
Reference No. 701, **Supply and Resupply of Designated EMS Provider Units/Vehicles**  
Reference No. 702, **Controlled Drugs Carried on ALS Units**

SUBJECT: **AMBULANCE VEHICLE ESSENTIAL MEDICAL  
AND PERSONAL PROTECTIVE EQUIPMENT**

REFERENCE NO. 451.1a

**PURPOSE** To establish the minimum essential medical and personal protective equipment that must be maintained on an in-service ambulance vehicle in order for the vehicle to remain in service for the provision of patient care.

**AUTHORITY** Los Angeles County Code, Title 7, Chapter 7-16

**PRINCIPLES**

1. The essential medical equipment identified herein is the minimal amount of medical equipment, medical supplies and personal protective equipment (PPE) that an ambulance vehicle must have in order to remain in service and continue to provide patient care. This policy does not supersede Reference No. 740, Basic Life Support Ambulance Equipment, which establishes the minimum equipment required for a basic life support (BLS) ambulance to be approved for licensing.
2. Failure to maintain the following quantity of essential medical equipment, and medical supplies, and personal protective equipment on an ambulance vehicle that is in service shall result in a notice of violation and an administrative fine may be being issued to the ambulance operator.
3. If an ambulance operator can demonstrate that an ambulance vehicle which does not meet these requirements is enroute to restock equipment and/or supplies the notice of violation and administrative fine will not be issued.
4. Expired medications, contaminated and/or compromised medications or medical supplies and/or equipment is considered not stocked for the purposes of this policy.

**Basic Life Support (BLS) Unit**

MINIMUM INVENTORY MEDICAL EQUIPMENT & SUPPLIES	QUANTITY
Ankle and wrist restraints <ul style="list-style-type: none"><li>If soft ties are used, they should be at least three (3) inches wide (before tying) to maintain a two (2) inch width while in use</li></ul>	1 set
Bag-valve device with O <sub>2</sub> inlet and reservoir: <ul style="list-style-type: none"><li>Adult</li><li>Pediatric</li></ul>	1 each
Bag-valve mask: <ul style="list-style-type: none"><li>Large</li><li>Medium</li><li>Small adult/child</li><li>Toddler</li><li>Infant</li><li>Neonate</li></ul>	1 each

EFFECTIVE: 8-1-12  
REVISED: 4-1-14 **IBD**  
SUPERSEDES: 9-1-13 **12-1-14**

SUBJECT: **AMBULANCE VEHICLE ESSENTIAL  
MEDICAL AND PERSONAL  
PROTECTIVE EQUIPMENT**

REFERENCE NO. 451.1a

MINIMUM INVENTORY MEDICAL EQUIPMENT & SUPPLIES	QUANTITY
Blood pressure manometer, cuff and stethoscope: <ul style="list-style-type: none"> <li>• Thigh</li> <li>• Adult</li> <li>• Child</li> <li>• Infant</li> </ul>	1 each
Cervical collars, rigid: <ul style="list-style-type: none"> <li>• Adult</li> <li>• Child</li> <li>• Infant</li> </ul>	2 <del>1</del> each
Linen Supplies	1 set
Oropharyngeal airways: <ul style="list-style-type: none"> <li>• Two adult</li> <li>• Two children</li> <li>• One infant</li> <li>• One newborn</li> </ul>	6 <del>1</del> each
Oxygen cannulas: <ul style="list-style-type: none"> <li>• Adult</li> <li>• Child</li> </ul>	1 each
Oxygen masks, transparent: <ul style="list-style-type: none"> <li>• Adult</li> <li>• Child</li> <li>• Infant</li> </ul>	1 each
Oxygen, portable <ul style="list-style-type: none"> <li>• Minimum of 2000 psi in a "D" or larger oxygen cylinder</li> <li>• (USP) regulator with oxygen supply that at maximum capacity is sufficient to provide a patient with not less than 10 liters per minute for 45 minutes (equivalent to an "D" cylinder)</li> </ul>	2 <del>1</del>
Oxygen, vehicle (house) <ul style="list-style-type: none"> <li>• Minimum 500 psi in an "M" or larger oxygen cylinder</li> <li>• (USP) regulator with oxygen supply that at maximum capacity is sufficient to provide a patient with not less than 10 liters per minute for a minimum of 3 hours (equivalent to an "M" cylinder)</li> </ul>	1
Personal Protective Equipment (Body Substance Isolation Equipment): <ul style="list-style-type: none"> <li>• Mask</li> <li>• Gown</li> <li>• Eye protection</li> </ul>	2 each
Spine boards, rigid, approximately 14 inches in width: <ul style="list-style-type: none"> <li>• One approximately 72 inches in length with straps for immobilization of suspected spinal or back injuries</li> </ul>	1
Stretchers: <ul style="list-style-type: none"> <li>• Stretcher with wheels and the following: <ul style="list-style-type: none"> <li>○ mattress should be covered with impervious plastic material or the equivalent</li> <li>○ have the capability to elevate both the head and foot</li> <li>○ straps to secure the patient to the stretcher and a means of securing the stretcher in the vehicle</li> <li>○ be adjustable to at least four different levels</li> </ul> </li> </ul>	1

SUBJECT: **AMBULANCE VEHICLE ESSENTIAL  
MEDICAL AND PERSONAL  
PROTECTIVE EQUIPMENT**

REFERENCE NO. 451.1a

MINIMUM INVENTORY MEDICAL EQUIPMENT & SUPPLIES	QUANTITY
Suction equipment, portable, capable of at least: <ul style="list-style-type: none"> <li>Mechanical portable suction must achieve a negative pressure equivalent to 300 mm of mercury, and</li> <li>30 liter per minute air flow rate for 30 minutes of operation</li> </ul>	1
Suction equipment, vehicle (house), capable of at least: <ul style="list-style-type: none"> <li>a negative pressure equivalent to 300 mm of mercury</li> <li>30 liter per minute air flow rate for 30 minutes of operation</li> </ul>	1
Suction tubing: <ul style="list-style-type: none"> <li>Non-collapsible, plastic, semi-rigid, whistle tipped, finger controlled type is preferred</li> <li>Flexible catheters for tracheostomy suctioning (8Fr.-12Fr.)</li> </ul>	1 each
Tourniquets (commercial, for control of bleeding).	2

PERSONAL PROTECTION EQUIPMENT (PPE)	QUANTITY
Gloves, work (multiple use, leather)	2 pairs
Hearing Protection (includes foam ear plugs)	2 sets
Jacket, EMS, with reflective stripes	2
Rescue Helmet	2
Respiratory protection mask (N95) and general purpose mask	2 each
Safety vest meeting ANSI standards or equivalent	2

Jackets meeting ANSI standards may be used in lieu of the Safety vest

**ADVANCED LIFE SUPPORT (ALS) UNIT**

An ALS unit must maintain all of the medical equipment and medical supplies listed for a BLS unit, plus the following additional items:

MINIMUM INVENTORY MEDICATIONS	QUANTITY
Albuterol (pre-mixed with NS)	20 <del>10</del> mgs
Adenosine	24 <del>12</del> mgs
Amiodarone	900 <del>450</del> mgs
Aspirin (chewable 81 mg)	648 <del>162</del> mgs
Atropine sulfate (1mg/ml or 0.4mg/ml)	4 mgs
Atropine sulfate (1mg/10ml)	6 <del>2</del> mgs



SUBJECT: **AMBULANCE VEHICLE ESSENTIAL  
MEDICAL AND PERSONAL  
PROTECTIVE EQUIPMENT**

REFERENCE NO. 451.1a

MINIMUM INVENTORY MEDICATIONS	QUANTITY
Calcium chloride	1 gm
Dextrose 50%	450 100 mls
Dextrose solution 100 gm (glucose paste may be substituted)	1
Dopamine***	400 mgs
Epinephrine (1:1,000)	2 1 mgs
Epinephrine (1:10,000)	40 1 mgs
Fentanyl*	400 mcgs
Glucagon	1 mg
Midazolam#	20 10 mgs
Morphine sulfate **	32 20 mgs
Naloxone	4 2 mgs
Normal saline (for injection)	2 vials
Nitroglycerin spray or tablets	1 bottle
Sodium bicarbonate	50 mls

\*Midazolam carried on ALS Unit may not exceed 40 mgs. Either Fentanyl or Morphine must be carried, may not stock both

\*\*Morphine sulfate carried on ALS Unit may not exceed 60 mgs.








\*\*\*Optional medication with EMS Agency authorization.

MINIMUM INVENTORY INTRAVENOUS FLUIDS	QUANTITY
1000 ml normal saline	8 2
250 or 500 ml normal saline	2

MINIMUM INVENTORY SUPPLIES	QUANTITY
Airways – Nasopharyngeal <ul style="list-style-type: none"> <li>• Large (34-36)</li> <li>• Medium (26-28)</li> <li>• Small (20-22)</li> </ul>	1 each

SUBJECT: **AMBULANCE VEHICLE ESSENTIAL  
MEDICAL AND PERSONAL  
PROTECTIVE EQUIPMENT**

REFERENCE NO. 451.1a

MINIMUM INVENTORY SUPPLIES	QUANTITY
Airways—Oropharyngeal <ul style="list-style-type: none"> <li>• Large (Adult)</li> <li>• Medium (Adult)</li> </ul>	1 each
Burn pack or burn sheets	1
Contaminated needle container	1
Defibrillator with oscilloscope	1
Defibrillator electrodes (including pediatric) or paste	2
Double lumen esophageal tracheal airway (ETC)*** <ul style="list-style-type: none"> <li>• Small adult</li> <li>• Adult</li> </ul>	1 each
ECG electrodes (adult and pediatric)	6  each
Endotracheal tubes with stylettes <ul style="list-style-type: none"> <li>• Sizes 6.0-8.0</li> </ul>	2  each
End Tidal CO <sub>2</sub> detector and aspirator (adult)	1 each
Gloves (sterile)	2  pairs
Gloves (unsterile)	1 box
Glucometer with strips	1
Hand-held nebulizer pack	2 
Hemostats, padded	1
Intravenous catheters (14G-22G)	5  each
Intravenous tubing <ul style="list-style-type: none"> <li>• Microdrip</li> <li>• Macro drip</li> </ul>	6  each
King LTS-D (Disposable Supraglottic Airway device) <ul style="list-style-type: none"> <li>• Small adult (size 3)</li> <li>• Adult (size 4)</li> <li>• Large Adult (size 5)</li> </ul>	1 each
Lancets, automatic retractable	5 
Laryngoscope Handle (adult)	1
Laryngoscope blades <ul style="list-style-type: none"> <li>• Adult (curved and straight)</li> <li>• Pediatric (Miller #1 and #2)</li> </ul>	1 each

SUBJECT: **AMBULANCE VEHICLE ESSENTIAL  
MEDICAL AND PERSONAL  
PROTECTIVE EQUIPMENT**

REFERENCE NO. 451.1a

MINIMUM INVENTORY SUPPLIES	QUANTITY
Magill Forceps (adult and pediatric)	1 each
Mucosal Atomization Device (MAD)	2 <del>1</del>
Normal saline for irrigation	1 bottle
Needle thoracostomy kit or 14 G 2" angiocath	2
Pediatric resuscitation tape	1
Procedures Prior to Base Contact Field Reference No. 806.1	1
Pulse Oximeter	1
Saline locks	4 <del>2</del>
Syringes (1 ml – 60 ml)	Assorted
Tube introducer	2 <del>1</del>
Vaseline gauze	2

**NURSE STAFFED CRITICAL CARE TRANSPORT (CCT) UNIT**

A nurse-staffed CCT unit must maintain all of the medical equipment and medical supplies listed for a BLS unit, plus the following additional items:

MINIMUM INVENTORY MEDICATIONS	QUANTITY
Albuterol (pre-mixed with NS)	20 <del>10</del> mgs
Adenosine	24 12 mgs
Amiodarone	450 mgs
Aspirin (chewable 80 mg)	648 <del>162</del> mgs
Atropine sulfate (1mg/10ml)	6 mgs
Calcium chloride	1 gm
Dextrose 50%	100 ml
Dextrose solution 100 gm (glucose paste may be substituted)	1
<del>Diprenhydramine</del>	<del>100 50 mgs</del>

SUBJECT: **AMBULANCE VEHICLE ESSENTIAL  
MEDICAL AND PERSONAL  
PROTECTIVE EQUIPMENT**

REFERENCE NO. 451.1a

MINIMUM INVENTORY MEDICATIONS	QUANTITY
Dopamine (premix or vials)	800 <del>400</del> mgs
Epinephrine (1:1,000)	4 <del>2</del> mg
Epinephrine (1:10,000)	<del>4</del> 5 mgs
Furosemide	400 mgs
Lidocaine (1 gm/250 ml)	1 bag
Lidocaine	200 <del>150</del> mgs
Naloxone	2 mgs
Nitroglycerin spray <del>or tablets</del>	1 <del>bottle</del>
Sodium bicarbonate	50 mls
Vasopressin	40 units

MINIMUM INVENTORY INTRAVENOUS FLUIDS	QUANTITY
1000 ml normal saline	2 <del>1</del>
250 <del>or 500</del> ml normal saline	2 <del>1</del>

MINIMUM INVENTORY SUPPLIES	QUANTITY
Airways – Nasopharyngeal <ul style="list-style-type: none"> <li>• Large (34-36)</li> <li>• Medium (26-28)</li> <li>• Small (20-22)</li> </ul>	1 <del>each</del>
Back-up power source/adjunct power source (inverter, batters, etc.). Second source required if transporting IABP patients.	1
Cardiac monitor/defibrillator oscilloscope including end tidal CO <sub>2</sub> detector, external pacemaker, pulse oximeter and optional 12 lead EKG capabilities	1
Cellular phone	1
<del>Glucometer, strips and lancets, automatic retractable</del>	<del>1</del>
<del>Hand-held nebulizer pack</del>	<del>1</del>
<del>Hemostats, padded</del>	<del>1</del>
Infusion pump(s) with the capability of a minimum of 3 chamber drip and associated tubing	1

SUBJECT: **AMBULANCE VEHICLE ESSENTIAL  
MEDICAL AND PERSONAL  
PROTECTIVE EQUIPMENT**

REFERENCE NO. 451.1a

MINIMUM INVENTORY SUPPLIES	QUANTITY
Intravenous Tubing <ul style="list-style-type: none"> <li>• Microdrip</li> <li>• Macrodrip</li> </ul>	2 each
Normal Saline for irrigation	1 bottle
Pediatric Resuscitation Tape	1
Pulse Oximeter	1
Saline Locks	2

\*A CCT Unit must maintain the supplies listed for a BLS unit, an ALS unit **AND** the additional supplies listed here.

**RESPIRATORY CARE PRACTITIONER (RCP) STAFFED CCT UNIT**

An RCP staffed CCT unit must maintain all of the medical equipment and medical supplies listed for a BLS unit, plus the following additional items:

MEDICATIONS	QUANTITY
Albuterol (pre-mixed with NS)	10 mgs
Atrovent	20 mgs

SUPPLIES	QUANTITY
Airways - Nasopharyngeal <ul style="list-style-type: none"> <li>• Large (34-36)</li> <li>• Medium (26-28)</li> <li>• Small (20-22)</li> </ul>	1 each
Airway Guard (bite blocker)	1
Cellular Phone	1
Color Code Drug Doses LA County Kids	1
Coupler/Quick Connect (oxygen connection)	1
End tidal CO <sub>2</sub> Detector (portable)	1
ETCO <sub>2</sub> Filterline	2
Endotracheal tubes with stylets <ul style="list-style-type: none"> <li>• Sizes 2.0-8.0</li> </ul>	1 each
Gloves (sterile)	1 pair
Heat/Moisture Exchange Ventilator Filters <ul style="list-style-type: none"> <li>• Adult</li> </ul>	1 each

SUBJECT: AMBULANCE VEHICLE ESSENTIAL  
MEDICAL AND PERSONAL  
PROTECTIVE EQUIPMENT

REFERENCE NO. 451.1a

SUPPLIES	QUANTITY
<ul style="list-style-type: none"> <li>Peds</li> <li>2 universals may be carried in lieu of one adult and one pediatric</li> </ul>	
King LTSD (Disposable Supraglottic Airway device) <ul style="list-style-type: none"> <li>Small adult (size 3)</li> <li>Adult (size 4)</li> <li>Large Adult (size 5)</li> </ul>	1 each
Laryngoscope Handle <ul style="list-style-type: none"> <li>Adult</li> <li>Pediatric</li> </ul>	1 each
Laryngoscope Blades <ul style="list-style-type: none"> <li>Adult Curved</li> <li>Adult Straight</li> <li>Pediatric Miller 0</li> <li>Pediatric Miller 1</li> <li>Pediatric Miller 2</li> </ul>	1 each
Magill Forceps <ul style="list-style-type: none"> <li>Adult</li> <li>Pediatric</li> </ul>	1 each
Pediatric Resuscitation Tape	1
PEEP Valve <ul style="list-style-type: none"> <li>Adult</li> <li>Pediatric</li> </ul>	1 each
Pulse Oximeter <ul style="list-style-type: none"> <li>Adult Probe</li> <li>Pediatric Probe</li> </ul>	1 each
Tracheostomy Mask <ul style="list-style-type: none"> <li>Adult</li> <li>Pediatric</li> </ul>	1 each
Ventilator Filters	2
Ventilator Circuits (disposable) <ul style="list-style-type: none"> <li>Adult</li> <li>Pediatric</li> </ul>	1 each
Ventilator (non-pneumatic)	1
Venturi Mask	1

SUBJECT: **AMBULANCE LICENSING INVESTIGATIONS**

REFERENCE NO. 453

PURPOSE: To outline a process for investigating complaints about, or violations related to, licensed ambulance operations

AUTHORITY: Los Angeles County Code, Title 7, Business Licenses, Ambulance Ordinance 7.16.020  
Health & Safety Code 1797.170, 1797.172, 1797.204, 1797.224  
California Code of Regulations, Title 22, Sections 100062, 100063, 100145, 100169

PRINCIPLES:

1. Ambulance transport is an essential healthcare service and the public depends on the system's integrity and quality when they are sick or injured.
2. Any complaint, including anonymous complaints, received by the EMS Agency will be reviewed and, if appropriate, investigated to determine if a violation has occurred
3. Investigations are initiated based on tips from citizens, EMS providers, healthcare facilities, etc., or they may result from direct observations or audits by an enforcement officer.
4. All investigation documents and associated materials are confidential and cannot be obtained with a public record request. The EMS Agency will make every possible effort to maintain the confidentiality of informants.

POLICY:

I. Initiation of an Investigation

- A. Any private citizen, patient, provider agency personnel or healthcare facility personnel believe, or has reason to believe, that inadequate services were provided or that they have observed an ambulance operator commit violations of the Los Angeles County Code (County Code) or any other applicable federal, state or local rules, regulations and laws, including Los Angeles County prehospital care policies, may submit a request for an investigation to the EMS Agency as follows:
  - ~~1. The inquiry must set forth the allegations in writing and shall be submitted as follows:~~
    1. a. On a Los Angeles County EMS Agency Situation Report (preferred method and the form can be found on the EMS Agency website at <http://ems.dhs.lacounty.gov/AmbulanceLicensing/AmbLic.htm>) which may be mailed to the address listed for item (c.) below, or completed and submitted online; or

EFFECTIVE: 10-01-12

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REVISED:

SUPERSEDES:

APPROVED: \_\_\_\_\_

Director, EMS Agency

\_\_\_\_\_  
Medical Director, EMS Agency

2 b. Sending an e-mail to [ambulanceviolations@dhs.lacounty.gov](mailto:ambulanceviolations@dhs.lacounty.gov); or

3 Calling the EMS Agency, Ambulance Programs Section, at (562) 347-1500;  
or

4 c. Sending a letter addressed to:

Los Angeles County EMS Agency  
ATTN: Ambulance Programs Section  
10100 Pioneer Blvd., Suite 200  
Santa Fe Springs, CA 90670

5 2. The EMS Agency shall ~~may~~ notify the ambulance operator identified in the complaint and, ~~if applicable~~, will provide all relevant non-confidential information related to the allegations received. However, the complaint source will not be identified at any time during or after the investigation process.

B. Investigations may also be initiated by a designated enforcement officer (refer to Reference No. 456.1, Ambulance Licensing Enforcement Officers) if they believe, or have reason to believe, that inadequate services were provided by an ambulance operator.

1. If an enforcement officer observes a violation of the County Code, or any other applicable federal, state or local rules, regulations or laws, including Los Angeles County prehospital care policies, a Notice of Violation may be issued and further investigation is not required (Refer to Reference No. 451, Ambulance Licensing Notices of Violation and Administrative Fines).
2. The Notice of violation may specify a correction period if, in the enforcement officer's judgment, a correction period is warranted.

C. Investigation Procedures

1. The EMS Agency shall independently investigate and verify, if possible, the allegations described in the complaint. Techniques and information sources that may be utilized as part of the investigation process include, but are not limited to, the following:
  - a. EMS Agency records
  - b. Patient care records
  - c. Personnel interviews
  - d. City and county business license records
  - e. Law enforcement records
  - f. Secretary of State records
  - g. Internet / websites / social media
  - h. Telephone directories
  - i. Previous investigation records
  - j. Onsite inspection and/or surveillance
  - k. Other EMS providers
  - l. Investigations from other agencies
  - m. Newspaper and/or magazine articles



2. Personnel interviews may be part of the investigation process when indicated and such interviews will be coordinated and scheduled with the ambulance operator associated with the complaint.
3. The written complaint and all pertinent documents and information obtained shall be reviewed for potential violation of the County Code, or any other applicable federal, state or local rules, regulations or laws, including Los Angeles County prehospital care policies.
4. EMS Agency enforcement officers and staff shall review all available information and prepare a **confidential** written report to include, **but not limited to**:
  - a. Identification of the information sources reviewed and/or individuals interviewed.
  - b. A brief description of the violation or incident and the allegations submitted and/or observed and a summary of the findings of the investigation. Identification of the specific sections of the County Code or regulations violated and/or the specific prehospital care policy violated, if applicable, is also included as part of the findings.
  - c. Recommended actions as a result of the investigation, e.g. issue a Notice of Violation, personnel education, policy changes, **require corrective action plan (CAP)** refer to other regulatory agency, etc.

D. Investigation Outcomes

1. If the allegations are not verified or found to be **inaccurate**, the complainant and the ambulance operator/ambulance personnel investigated shall be notified of the outcome and no further action is indicated.
2. If the allegations are verified and a violation is identified as outlined in Reference No. 451, Ambulance Licensing Notices of Violation and Administrative Fines and Reference No. 451.1, Ambulance Licensing Administrative Fines, a Notice of Violation will be issued and, if applicable, a Notice of Administrative Fine.
3. When indicated, complaints will also be referred to other appropriate regulatory agencies for follow-up, e.g., other local EMS Agency, Medicare, law enforcement, Office of Prehospital Certification, etc.

CROSS REFERENCES:

Prehospital Care Manual:

- Ref. No. 450,    **Los Angeles County Code, Title 7, Business Licenses (Ambulance Ordinance)**
- Ref. No. 451,    **Ambulance Licensing Notices of Violation and Administrative Fines**
- Ref. No. 451.1, **Ambulance Licensing Administrative Fines**
- Ref. No. 451.2, **Notice of Violation – Administrative**
- Ref. No. 451.3 **Notice of Violation - Operational**
- Ref. No. 451.4 **Notice of Violation - Personnel**
- Ref. No. 452,    **Ambulance Licensing Administrative Fine Hearing Process**
- Ref. No. 453.1 **Ambulance Enforcement Officers**

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

SUBJECT: **AMBULANCE LICENSING  
ENFORCEMENT OFFICERS**

REFERENCE NO. 453.1

NAME	TITLE	TELEPHONE	E-MAIL
Kurt Kunkel	Civilian Investigator, Ambulance Programs	562-347-1687	<a href="mailto:kkunkel@dhs.lacounty.gov">kkunkel@dhs.lacounty.gov</a>
Anita Gowing	Civilian Investigator, Ambulance Programs	562-347- 1675	<a href="mailto:agowing@dhs.lacounty.gov">agowing@dhs.lacounty.gov</a>
John Telmos	Chief, Prehospital Care Programs	562-347-1677	<a href="mailto:jtelmos@dhs.lacounty.gov">jtelmos@dhs.lacounty.gov</a>
Stephanie Raby	Special Projects, Ambulance Programs	562-347-1674	<a href="mailto:sraby@dhs.lacounty.gov">sraby@dhs.lacounty.gov</a>
Phillip Santos	Nursing Instructor, Ambulance Programs	562-347-1684	<a href="mailto:psantos@dhs.lacounty.gov">psantos@dhs.lacounty.gov</a>
Jacqueline Rifenburg	Manager, Prehospital Care Programs	562-347-1678	<a href="mailto:jrifenburg@dhs.lacounty.gov">jrifenburg@dhs.lacounty.gov</a>
Cathlyn Jennings	Provider Agency Programs Coordinator	562-347-1680	<a href="mailto:cajennings@dhs.lacounty.gov">cajennings@dhs.lacounty.gov</a>
Gary Watson	Provider Agency/SFTP Program Coordinator	562-347-1679	<a href="mailto:gwatson@dhs.lacounty.gov">gwatson@dhs.lacounty.gov</a>
Christopher Rossetti	EMS Ambulance Programs Coordinator	562-347-1688	<a href="mailto:crossetti@dhs.lacounty.gov">crossetti@dhs.lacounty.gov</a>
Helain Hence	Contract Program Auditor	562-347-1693	<a href="mailto:hhence@dhs.lacounty.gov">hhence@dhs.lacounty.gov</a>
Lily Martini	Contract Program Auditor	562-347-1693	<a href="mailto:lmartini@dhs.lacounty.gov">lmartini@dhs.lacounty.gov</a>
Ofelia Rodriguez	Contract Program Auditor	562-347-1691	<a href="mailto:ofrodriguez@dhs.lacounty.gov">ofrodriguez@dhs.lacounty.gov</a>

EFFECTIVE: 4-1-14  
REVISED: ~~3-13-14~~ TBD  
SUPERSEDES: 3-13-14

SUBJECT: **AMBULANCE VEHICLE COLOR SCHEME  
AND INSIGNIA GUIDELINES**

REFERENCE NO. 454

**PURPOSE:** To provide guidelines for the approval of acceptable ambulance vehicle color schemes scheme, and insignias insignia, and vehicle wraps used to designate the identify ambulance vehicles of ambulance companies licensed to operate licensed to operate in the County of Los Angeles.

**AUTHORITY:** Los Angeles County Code, Title 7, Business Licenses, Division 2, Chapter 7.16. California Code of Regulations, Title 13, Chapter 5. Special Vehicles, Article 1, Ambulances, Section 1100.4 Ambulance Identification.

**DEFINITIONS:**

**Color Scheme:** A distinctive color or combination of colors, used on all ambulance vehicles, badges, signs, etc. that identifies the ambulance operator.

**Insignia:** An ambulance company's The distinctive logotype or emblem as used on its ambulance vehicles, badges, signs, etc. that identifies the ambulance operator.

**Vehicle Wraps:** Is the common description for A graphics graphic design which are applied to the ambulance for the express purpose vehicle as either a form of mobile advertising advertisement used or customizing a vehicle to enhance the its appearance of the vehicle. Vehicle graphics can be applied to the entire vehicle or parts of the vehicle hence the terminology full wraps or partial wraps. **Note:** application of vehicle wraps can encompass parts of, or the entire vehicle.

**PRINCIPLES:**

1. As part of the ambulance operator Business License Application approval process, an applicant applicants must identify the their company color scheme, and insignia, and vehicle wraps to be used to designate designated for use on the ambulance(s) of the applicant; therefore, approval of the Business License includes approval of the submitted color scheme and insignia for licensure.
2. Vehicle paint schemes and insignias The color scheme, insignia and vehicle wraps must provide easy identification by the public of and include the business entity that operates operating the ambulance service or the name under which the ambulance licensee is doing business or providing service.
3. It is recognized that a ambulance companies operators may contract with hospitals healthcare facilities to provide specialized transport services, and in these situations, the contracting entity These healthcare facilities may require that contracted vehicles that include their color scheme and/or insignia on the ambulance in addition to the ambulance operators approved color scheme and insignia of the operator.

EFFECTIVE: 08-01-12  
REVISED: XX-XX-XXXX  
SUPERSEDES: 08-01-2012

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APPROVED: \_\_\_\_\_  
Director, EMS Agency

\_\_\_\_\_  
Medical Director, EMS Agency

POLICY:

- I. All ambulance vehicle The color schemes scheme, and insignias insignia, and vehicle wraps displayed on licensed ambulances must be receive approved approval by from the ambulance licensing Hearing Board during the licensure process. Subsequent changes must receive approval from the EMS Agency prior to implementation.

II. Basic Requirements Basic Requirements

- A. All a Ambulances operated under a single license shall display the same company insignia on both sides and the rear of the vehicle that conforms with the following requirements:

1. Lettering that must distinctly contrasts sharply with the background color and is be readily visible during daylight.
2. Lettering shall not must be less than a minimum of four (4) inches in height and of proportionate in width.
3. If uppercase Lowercase letters must are not less than four (4) and one half (1/2) inches in height, lowercase letters may be three-fourths (3/4) of the height of uppercase height letters.
4. If Appearance of the company operator name appears on other areas of the vehicle (e.g. roof or front of the vehicle), the company name shall must be consistent.

5. The word "Ambulance" must appear across the front of all ambulance vehicles.

- B. Acceptable Vehicle vehicle wrap wraps must include style color schemes and insignias are acceptable; however, the name of the operating entity, must be readily identifiable, and meet all other the following additional requirements, herein:

1. The design of the vehicle Vehicle wrap wraps must be in good taste and not designed to avoid distracting to other drivers, so as to pose a and potential safety risks on the to road safety.
2. If a vehicle Vehicle wrap designs used for the purpose of is utilized on a vehicle as a public service announcement announcements, the name of the operating entity must remain must readily identifiable identify the name of the operating entity.
3. Vehicles with wrap type designs must include the lettering "Ambulance" across the front of the vehicle.

- C. An ambulance Signage on vehicle vehicles may not be identified as an designated for advanced life support (ALS) unit or critical care transport (CCT) unit, unless the ambulance company operating the unit and the unit have been approved and designated to provide such services by the EMS Agency must meet the following additional requirements:-

1. Lettering such as "Mobile Intensive Care Unit," "Paramedic," "Specialty Transport," "Critical Care Unit," etc., shall not be utilized on any ambulance vehicle in Los Angeles County unless approved by the must receive EMS Agency approval and be staffed at the level indicated on the vehicle (e.g., paramedic or nurse and/or respiratory care practitioner) identified on the vehicle to operate under this designation in Los Angeles County.

**Note:** Ambulance vehicles must obtain EMS Agency approval as an advanced life support (ALS) unit or critical care transport (CCT) unit prior to operating under this designation.

2. The EMS Agency does not permit use utilization of the word "Emergency" lettering is not permitted on any a private ambulance vehicle unless it is part of included in the name of the operating entity name.

III. Procedures for Obtaining Approval to Changes to Ambulance Existing Color Schemes / Insignias / Vehicle Wraps

- A. Requests to change a licensed ambulance company's approved ambulance vehicle insignia and The EMS Agency must approve any changes to the existing color scheme schemes, must be submitted, in writing, to the EMS Agency insignias, and/or vehicle wraps prior to implementation.

1. The written Submit request requests must be dated and signed by the ambulance company to change the existing color scheme, insignia and/or vehicle wraps in writing signed by the President/Chief Executive Officer of the ambulance company operator to the EMS Agency's Ambulance Program Head and include:

- a. A color photograph or color drawing of the proposed color scheme, and insignia, and/or vehicle wrap(s) must accompany the written request.
- b. If the request is for a color scheme and insignia Specify whether the proposed change changes are for ambulances a vehicle that will be utilized for a contracted with a hospital healthcare facility and not or the company's operator entire fleet; this must be stated in the written request.

- B. Changes to ambulance vehicle color schemes and/or insignias must be approved by the EMS Agency prior to implementation.

- B. The EMS Agency is not responsible for any costs associated with revising changes to the vehicle color scheme, and/or insignia, and/or vehicle wraps resulting from recommended changes or denials.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 450, **Los Angeles County Code, Title 7, Business Licenses, Division 2, Chapter 7.16 Ambulances**

Ref. No. 455, **Ambulance Vehicle Age Limit Requirements and Exemption**

SUBJECT: **AMBULANCE VEHICLE AGE LIMIT  
REQUIREMENTS AND EXEMPTIONS**

REFERENCE NO. 455

PURPOSE: To establish a procedure which identifies that defines the maximum age limit requirements for of an ambulance vehicle to be licensed for operation in Los Angeles County and be granted an exemptions, if applicable, to beyond the defined age limitations limit.

AUTHORITY: Los Angeles County Code, Title 7, Business Licenses Chapter 7.16 Ambulance, Section 7.16.210, Ambulance – Mechanical requirements.

PRINCIPLES:

1. The EMS Agency shall not may grant or issue an ambulance a vehicle license for any an ambulance that is no which at the time of application for the vehicle license is more than eight-years-old as defined determined by the initial date the vehicle was first put placed into in service ("First Sold" date), provided that the this date is not greater than one (1) year from the date of its manufacture ("Model Year" date) listed on the vehicle registration.
2. The Director of the EMS Agency Director may make individual exceptions to extend the eight-year-old age limitation limit up to two (2) years beyond the eight-year age limitation (known as a vehicle exemption) to meet the needs of where the public convenience and necessity would be served, provided that the vehicle meets all other inspection requirements for licensure.
3. Vehicles must meet all inspection requirements for business licensure in order to qualify for an exemption.

POLICY:

- I. Responsibilities: Basic Requirements
  - A. The EMS Agency, Ambulance Programs Section will not issue an initial/new ambulance vehicle business license to any ambulance vehicle over vehicle which is greater than eight-years of age.
  - B. For currently licensed ambulance vehicles which are eight years of age, the An Ambulance Operator/Provider must may obtain a two (2)-year extension for currently licensed submit a written request for an ambulance vehicle vehicles over eight years of age.
  - C. Provided all other inspection requirements for licensure are met, EMS Agency staff may provide an age limit exemption not to exceed two years for a total vehicle age limit of ten years.

EFFECTIVE: 09-01-10  
REVISED: XX-XX-XXXX  
SUPERSEDES: 09-01-10

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APPROVED: \_\_\_\_\_  
Director, EMS Agency

\_\_\_\_\_  
Medical Director, EMS Agency

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II.        **PROCEDURE: Procedure for Obtaining Vehicle Exemptions**

A. Initial Ambulance Vehicle Licensure

1. ~~An ambulance operator may request initial licensure of an ambulance vehicle which is less than eight years of age.~~
2. ~~Upon receipt of such request (written or verbal) and the applicable licensing fee, an ambulance vehicle inspection of medical equipment and supplies which meets the requirements of Reference No. 710, Basic Life Support Ambulance Equipment shall be scheduled.~~
3. ~~Each ambulance vehicle which is to be licensed must have a patient compartment which meets the specifications of Section 7.16.125—Ambulance—Design requirements, of the Los Angeles County Code.~~
4. ~~At the time of the vehicle inspection/license issuance, copies of the following additional vehicle documents are required:~~
  - a. ~~California Department of Motor Vehicles (DMV) Registration;~~
  - b. ~~Insurance identification card;~~
  - c. ~~The California Highway Patrol (CHP) inspection sheet and original CHP ambulance identification certificate. For new fleet vehicles, a copy of the CHP inspection sheet shall serve as the temporary operating authorization for 30 days following the date of inspection by the CHP.~~
  - d. ~~Odometer testing and certification issued by the Los Angeles County Department of Agricultural Commissioner/Weights and Measures. Ambulance Operators whose primary location is outside of Los Angeles County, must comply with the odometer testing requirements of the County of origin, and must provide a copy of that County's certification or, if unavailable, a certificate from a state-certified agency documenting the accuracy of each vehicle odometer.~~

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**NOTE: ~~Special events only operators, who do not charge for mileage are exempt from the odometer testing requirement.~~**

5. ~~Upon successful completion of all of the above requirements, an ambulance vehicle business license will be requested from the Treasurer and Tax Collector (TTC) and a vehicle County seal will be placed on the left rear portion of the vehicle.~~
6. ~~The ambulance vehicle business license will be forwarded by the EMS Agency to the applicable provider upon receipt from the TTC. If not received from the TTC within 30 days, EMS Agency staff shall follow up with the TTC to determine status.~~

B. Maintaining Ambulance Vehicle Licensure



1. In order to maintain continuous ambulance vehicle licensure, an ambulance operator must ensure that each of the requirements specified in II. A. 1-6 above are maintained and updated documentation submitted to the EMS Agency as it is received.
2. At least 30 days prior to an ambulance vehicle reaching its eight-year age limit, the ambulance operator must submit a written request for an exemption to the age limit requirement to the EMS Agency Director.
3. Upon receipt of an ambulance vehicle age limit exemption request, provided all other requirements are current and up-to-date, a two-year extension of the age limit will be granted and written acknowledgement provided to the ambulance operator.
4. A copy of the written acknowledgement/age limit exemption approval letter shall be maintained by the ambulance operator and a copy kept with the vehicle.
5. Upon expiration of the two-year extension/exemption of the ambulance vehicle age limit, no further exemptions will be issued without specific prior consent of the EMS Agency Director.

A. To obtain an exemption, the Ambulance Operator must submit a written request for an exemption to the EMS Agency Director thirty (30) calendar days prior to the date in which the vehicle is scheduled to reach the eight-year age limit, as defined by the greater "Model Year," or "First Sold" date listed on the vehicle registration.

**Note:** Requests for multiple vehicles exemptions can be included in one letter.

B. The letter requesting an exemption must include the following information for each vehicle:

1. Identification (Unit number)
2. "Model Year" and "Year First Sold," whichever is greater
3. Make, Model, and type (i.e., Ford Leader E350)
4. License plate number
5. Vehicle Identification Number (VIN)
6. Current mileage

C. Copies of the following vehicle documents must be submitted with the letter requesting an exemption:

1. Registration
2. Weights and Measures—Certificate of Inspection
3. California Highway Patrol (CHP) Inspection Report
4. CHP Identification (ID) Card
5. Insurance Identification Card, or comparable (as proof of vehicle insurance coverage)

**Note:** All vehicle documents must be current at the time of submission to qualify for a vehicle exemption.

D. Upon receipt, the EMS Agency will review the exemption request and all supporting documents for compliance.

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- E. Vehicles that meet the conditions referenced above will receive a two (2)-year exemption to the eight (8) year age limit. The exemption expires 10 years from the date that the vehicle was first placed in service ("First Sold" date), provided the date is not greater than one (1) year from the manufacture ("Model Year" date) listed on the vehicle registration.
- F. Vehicles are not eligible for exemptions beyond their 10-year anniversary date.
- G. The Ambulance Operator will receive a letter from the EMS Agency granting an exemption approval for the approved vehicle(s) to operate an additional two (2) years beyond the 8-year age limit.
- H. The Ambulance Operator shall maintain a copy of the exemption letter in their administrative files, and in each applicable vehicle granted an exemption.
- I. A vehicle has "aged out" when it reaches its 10-year anniversary and is no longer eligible to operate in Los Angeles County. Following this date, the Ambulance Operator must:
- a. Remove the vehicle from service in Los Angeles County.
  - b. Remove the Los Angeles County issued seal from the vehicle and return it to the EMS Agency.

CROSS REFERENCES:

Prehospital Care Manual:

- Ref. No. 710,    **Basic Life Support Ambulance Equipment**  
Ref. No. 450,    **Los Angeles County Code, Title 7, Business Licenses, Division 2, Chapter 7.16 Ambulances**  
Ref. No. 454,    **Ambulance Vehicle Color Scheme and Insignia Guidelines**

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: NURSE STAFFED CRITICAL CARE TRANSPORT  
(CCT) UNIT INVENTORY

REFERENCE NO. 712

PURPOSE: To provide a standardized minimum inventory on all Nurse Staffed Critical Care Transport (CCT) Units.

PRINCIPLE: Any equipment or supplies carried for use in providing emergency medical care must be maintained in good working order.

POLICY: Nurse staffed CCT vehicles shall carry the following equipment. Reasonable variations may occur; however, any exceptions must have prior approval of the EMS Agency. Transport vehicles shall also be equipped and supplied according to Reference No. 710, Basic Life Support Ambulance Equipment.

Nurse staffed vehicles performing advanced life support (ALS) level transports do not require the addition of the ALS inventory; however, if nurses are utilized in lieu of respiratory care practitioners (RCPs) for the transport of ventilator patients, all medications and equipment on Reference No. 713, Respiratory Care Practitioner (RCP) Unit Inventory and not included herein, must be added to the CCT unit.

MEDICATIONS*			
(minimum required amounts)			
Albuterol (pre-mixed with NS)	20 mgs	Dextrose solution 100 gm (glucose paste may be substituted)	1
Adenosine	24 mgs	Diphenhydramine	100 mgs
Amiodarone	450 mgs	Dopamine (premix or vials)	800 mgs
Aspirin (chewable 80 mg)	640 mgs	Epinephrine (1:1,000)	1 mgs
Atropine sulfate (1 mg/10 ml)	4 mgs	Epinephrine (1:10,000)	5 mgs
Calcium chloride	1 gm	Lidocaine	200 mgs
Dextrose 25%	50 ml	Naloxone	2 mgs
Dextrose 50%	100 ml	Nitroglycerin Spray or tablets	1

\*All sharps must comply with CCR, Title 8, Section 5193, Bloodborne Pathogens

INTRAVENOUS FLUIDS			
(minimum required amounts)			
1000 ml normal saline	2	250 ml normal saline	2

EFFECTIVE: 3-31-08

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REVISED: 7-15-15

SUPERSEDES: 72-1-12

APPROVED:

Director, EMS Agency

Medical Director, EMS Agency

SUBJECT: NURSE STAFFED CRITICAL CARE TRANSPORT  
(CCT) UNIT INVENTORY

REFERENCE NO. 712

SUPPLIES* (minimum required amounts)			
Adhesive dressing (bandaids)	1 box	Gloves Sterile	2 pairs
Airways – Nasopharyngeal Large, medium, small (34-36, 26-28, 20-22)	1 each	Gloves Unsterile	1 box
		Glucometer, strips and lancets, Automatic retractable	1
Airways – Oropharyngeal Large	1	Hand-held nebulizer pack	2
Medium	1	Hemostats, padded	1
Small Adult/Child	1	Infusion Pump with 3 chamber drip capability	1
Infant	1	Infusion Pump tubing	2 full sets 4 half sets
Neonate	1	Intravenous catheters (14G-22G)	5 each
Alcohol swabs	1 box	Intravenous Tubing Microdrip	2
Backboards	1	Macro drip	2
Back-up Power source/Adjunct power source (invertor batteries, etc.) Second required if transporting IABP patients	1	Normal saline for irrigation	1 bottle
Bag-valve device with O2 inlet and reservoir Adult and Pediatric	1 each	OB pack and bulb syringe	1
Bag-valve mask Large	1	Oxygen cannulas Adult and Pediatric	3 each
Medium	1	Oxygen Masks Adult and Pediatric	3 each
Small Adult/Child	1	Pediatric Resuscitation Tape	1
Toddler	1	Pulse Oximeter	1
Infant	1	Saline locks	4
Neonate	1	Battery Operated Portable Suction Unit	1
End tidal CO <sub>2</sub> monitor/wave form capnography, external pacemaker, pulse oximeter, and 12-lead ECG capabilities		Suction Catheters 8F-14F	2 each
Cellular Phone (personal or company supplied)1	1	Syringes 1 ml – 10 ml	1
Color Code Drug Doses LA County Kids	1	Sphygmomanometer Adult/pediatric/thigh cuff	1 each
Contaminated Sharps Container*	1	Scissors	1
Defibrillator electrodes (including pediatric) or paste	2	Stethoscope	1
Gauze bandages	2	Tape (various types, must include cloth)	1
4 X 4 Gauze pads (sterile)	4 pkgs		

**SUBJECT: NURSE STAFFED CRITICAL CARE TRANSPORT  
(CCT) UNIT INVENTORY**

REFERENCE NO. 712

MEDICATIONS/SUPPLIES* (approved optional inventory)			
Flumazenil	1 mg	Ondansetron (orally disintegrating tablets)	12 mgs
Furosemide	100 mgs	Ondansetron (intravenous) 4mgs/2cc	12 mgs
Levalbuterol HCL	7.5 mgs	Sodium Bicarbonate	50 mls
Lidocaine (1 gm/250 ml)	1 bag	Mucosal Atomization Device (MAD)	2
Lopressor	20 mgs	Respiratory Ventilator	1
Lorazepam	4 mgs	Impedance Threshold Device	1
Midazolam	20 mgs	Vasopressin®	20 units
Morphine sulfate	20 mgs		

\* All sharps must comply with CCR, Title 8, Section 5193, Bloodborne Pathogens.

This policy is intended as a nurse staffed CCT unit inventory only.

**CROSS REFERENCES:**

Prehospital Care Manual:

Ref. No. 414, **Critical Care Transport (CCT) Provider**

Ref. No. 710, **Basic Life Support Ambulance Equipment**

Ref. No. 713, **Respiratory Care Practitioner (RCP) Staffed Critical Care Transport (CCT)  
Unit Inventory**